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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90056 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000016964

1. Corporation Name

RENASCE LUNCHEONETTE, INC.

Principal Place of Business

 2444 N FEDERAL HWY
 LIGHTHOUSE POINT FL 33064
 US

Mailing Address

 2444 N. FEDERAL HIGHWAY
 LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1994

4. FEI Number

65-0470422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

 21 2470 N. FEDERAL HWY
 Suite, Apt. #, etc.

2a. Mailing Address

 26 2470 N. FED
 Suite, Apt. #, etc. HWY

City & State

23 L.G.H.T.HOUSE POINT FL

City & State

28 L.G.H.T.HOUSE PT. FL.

Zip

24 33064

Country

25 BROWARD

Zip

29 33064

Country

30 BROWARD

9. Name and Address of Current Registered Agent

 ARAUJO, LUIZ A D
 (138 NW 45TH ST
 POMPANO BEACH FL 33064)

 P.O. BOX 5331
 LIGHTHOUSE POINT
 FL 33074

81 Name

LUCIENE ARAUJO

82 Street Address (P.O. Box Number is Not Acceptable)

3810 NE 17 AV.

83

84 City

POMPANO BEACH

FL

85 Zip Code

33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ARAJO, LUIZ A	
STREET ADDRESS	P.O. BOX 5331 N/A	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33074	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ARAJO, LUCIENE	
STREET ADDRESS	3810 NE 17 AV.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900 CRYSTAL LAKE DR. APT 10
1.3 STREET ADDRESS	POMPANO BEACH FL 33064
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD ARAJO LUCIENE
2.3 STREET ADDRESS	3810 NE 17 AV.
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

03/05/99

(954) 784-8044

CR2E034 (1/98)